



Doncaster Gardens

PRIMARY

CHILD'S NAME: _____

GRADE: _____

I give permission for my child to attend the excursion to _____

on _____ (date).

In the event of illness or injury to my child whilst attending the excursion, I authorise the staff member in charge of my child, where a staff member is unable to contact me, or it is otherwise impracticable to contact me to:

- Consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner
- Administer such first aid as the staff member may judge to be reasonably necessary.

Emergency Telephone Numbers _____

Signed: _____

Date: _____

The Department of Education and Early Childhood Development collects personal information for the purposes of student safety and wellbeing.